(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING fc1079067 06/17/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **814 LINDSEY STREET FAITHWORKS ASSISTED LIVING** REIDSVILLE, NC 27320 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on June 17, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on November 29, 2011. Based on this we are requiring the home to be in compliance with the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, Care Homes.and, the 2006 North Carolina State Building Code - Section 421.2 - Residential Deficiencies were noted which will require a new plan of correction. C 146 Outside Entrances/Exits-Ramp(s) C 146 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. Based on observation, the facility did not maintain the license in accordance with the Codes and Rules in effect at the time of licensure.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		fcI079067	B. WING		06/1	7/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
FAITHWORKS ASSISTED LIVING 814 LINDSEY STREET REIDSVILLE, NC 27320							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE		
C 146	Continued From pa	ge 1	C 146				
	The facility has adnuse wheelchairs. It time of the survey value transfer from their ton their own. If the evacuate on their o	ped with one accessible exit. nitted two (2) residents who was not determined at the whether the residents could bed to the chair and evacuate residents are not able to wn, the facility will have to be outside exits at grade or np.					
C 152	Floors		C 152				
	smooth, non-skid m to be easily cleanat (b) Scatter or thro	amily care home shall be of naterial and so constructed as					
		et as evidenced by: vation, the floor was not sulting in trip hazards.					
	the door	pedroom has frayed carpet at on the front porch has a splinter hazard.					
C 153	Houskeeping And F	urnishings-Clean, Repaired	C 153				
	FURNISHINGS (a) Each family ca (1) have walls, cei	15 HOUSEKEEPING AND					

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STATE FORM 6899 10E121 If continuation sheet 2 of 4

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		A. BOILDING.	01				
		fc1079067	B. WING		06/1	7/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
FAITHW	ORKS ASSISTED LIVI	NG	SEY STREET				
		REIDSVIL	LE, NC 273				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 153	Continued From page 2		C 153				
	 (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the bedroom furnishings were not maintained 						
	following locations: a) Back right bedrodrawers, bookcase b) Center right beddrawers,	room has worn chest of					
	maintained in a safe coming loose from	vation, the building was not e manner because a toilet is the floor. This would affect all hall toilet by exposing them to n wax seal.					
	Findings include: The back bathroom from the floor.	has a toilet coming loose					
C 168	Fire Extinguishers		C 168				
	DISASTER PLAN (a) Fire extinguish meet these minimu care home:	ers shall be provided which m requirements in a family or larger (net charge) "A-B-C"					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
			A. BOILDING.	••			
fc1079067		B. WING		06/17/2015			
NAME OF PROVIDER OR SUPPLIER STREET ADDRE				STATE, ZIP CODE			
FAITHWO	FAITHWORKS ASSISTED LIVING 814 LINDSEY STREET REIDSVILLE, NC 27320						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	I SHOULD BE COMPLETE		
C 168	Continued From page 3		C 168				
	(2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and(3) any other location as determined by the code enforcement official.						
	protection equipme safe manner. This	vation, the building fire nt was not maintained in a would affect all residents by ection equipment operable for					
		on the fire extinguishers ed monthly checks are not er NFPA 10					
C 174	Building Equipment Maintained Safe, Operating		C 174				
	EQUIPMENT (a) The building armechanical, and plucare home shall be operating condition	nd all fire safety, electrical, umbing equipment in a family maintained in a safe and					
	maintained in a safe	vation, the facility was not e manner by having doors that etely and latch. This could					
	The following doors a) Back right bedro latch,	s have issues: oom door won't close and					

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